

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period August 1 to August 31, 2011.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 9/8/11
(date)

Debtor(s)*: Prevalence Health, LLC

By:**

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED August 31, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 45,675			
February	\$ 17,484			
March	\$ 26,735			
Total				
1st Quarter	\$ 89,894	\$ 975		
April	\$ 11,582			
May	\$ 355			
June	\$ 23,695			
Total				
2nd Quarter	\$ 35,632	\$ 650		
July	\$ 4,152			
August	\$ 191			
September	\$			
Total				
3rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4th Quarter	\$	\$		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

**REGIONS****Regions Bank**Renaissance at Colony Park
1020 Highland Colony Pkwy FL1
Ridgeland, MS 39157-872200122383 01 AV 0.337 001
PREVALENCE HEALTH LLC
690 TOWNE CENTER BLVD
RIDGELAND MS 39157-4902

ACCOUNT # 0128180321

Cycle 001
Enclosures 26
Page 0
1 of 1**COMMERCIAL ANALYZED CHECKING**

August 2, 2011 through August 31, 2011

SUMMARY

Beginning Balance	\$0.00	Minimum Balance	\$376,246
Deposits & Credits	\$382,970.31 +		
Withdrawals	\$0.00 -		
Fees	\$121.10 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$382,849.21		

DEPOSITS & CREDITS

08/02	Deposit - Thank You	376,367.56	TS
08/23	Deposit - Thank You	6,602.75	
Total Deposits & Credits		\$382,970.31	

FEES

08/12	Harland Clarke Chk Orders Prevalence Hea	121.10
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DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
08/02	376,367.56	08/12	376,246.46	08/23	382,849.21

**THE REGIONS WIRE TRANSFER AGREEMENT HAS
BEEN AMENDED, EFFECTIVE SEPTEMBER 15,
2011. REFER TO REGIONS.COM/WIREUPDATE OR
CONTACT YOUR RELATIONSHIP MANAGER FOR
DETAILS.**

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!



Regions Bank
Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

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00110920 01 AV 0.337 001
PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

Cycle 001
Enclosures 27
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COMMERCIAL ANALYZED CHECKING

July 30, 2011 through August 31, 2011

SUMMARY

Beginning Balance	\$376,437.51	Minimum Balance	\$0
Deposits & Credits	\$0.00 +		
Withdrawals	\$376,437.51 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$0.00		

WITHDRAWALS

08/01	Merchant Service Merch Fee Health Allianc 8003547554	69.95
08/02	Closing Withdrawal	376,367.56 <i>TSF</i>
Total Withdrawals		\$376,437.51

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance
08/01	376,367.56	08/02	0.00

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2011. REFER TO REGIONS.COM/WIREUPDATE OR
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Regions Bank
Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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[illegible]

Check# 0	08/02/2011	\$376367.56
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